



Microfabrication Project Proposal Form

Principle Investigator: (Person/Professor responsible for project)

Name: _____ E-Mail Address: _____

Department: _____ Phone Number: _____

Project Information:

Project Title: _____

Funding Agency: _____ Funding Amount: _____

Budget Code : _____ Project Expiration Date: _____

Project Description: (brief summary to include materials, chemicals, and machines)

[Empty box for Project Description]

Project Application Agreement:

- PI and advising professor agree to submit to CAMD a copy of all publications resulting from this project.
- PI agrees to submit a summary of the project for the CAMD annual report due yearly in December
- Yearly updates of this form are required for any changes to the project or users assigned.
- PI and advising professor agree to include the following statement in publications and/ or presentations of work performed at CAMD or affiliated with CAMD staff contributions: **"This work was supported in part by the Center for Advanced Microstructures and Devices at Louisiana State University"**

- PI Signature _____ Date _____

- Users Signature _____ Date _____

- Users Signature _____ Date _____

OFFICE USE ONLY: Project Approved by _____ Date _____

PRN # _____ Date _____

User Information:

User Name(PRINT): _____ E-mail: _____

Undergraduate ___ Graduate(Masters) ___ Graduate(PhD) ___ Post-Doc ___ Staff ___ Faculty ___ Other ___

Users Signature _____ Date _____

User Name(PRINT): _____ E-mail: _____

Undergraduate ___ Graduate(Masters) ___ Graduate(PhD) ___ Post-Doc ___ Staff ___ Faculty ___ Other ___

Users Signature _____ Date _____

User Name(PRINT): _____ E-mail: _____

Undergraduate ___ Graduate(Masters) ___ Graduate(PhD) ___ Post-Doc ___ Staff ___ Faculty ___ Other ___

Users Signature _____ Date _____

User Name(PRINT): _____ E-mail : _____

Undergraduate ___ Graduate(Masters) ___ Graduate(PhD) ___ Post-Doc ___ Staff ___ Faculty ___ Other ___

Users Signature _____ Date _____

User Name(PRINT): _____ E-mail: _____

Undergraduate ___ Graduate(Masters) ___ Graduate(PhD) ___ Post-Doc ___ Staff ___ Faculty ___ Other ___

Users Signature _____ Date _____